MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2				/			52		/				
3				/			53		/				
4				/			54		/				
5				/			55		/				
6				/			56		/				
7				/			57		/				
8				/			58		/				
9				/			59		/				
10				/			60		/				
11				/			61		/				
12				/			62		/				
13				/			63		/				
14				/			64		/				
15				/			65		/				
16				/			66		/				
17				/			67		/				
18				/			68		/				
19				/			69	/					
20				/			70		/				
21				/			71		/				
22				/			72		/				
23				/			73		/				
24				/			74		/				
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32			/	/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50							100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						